



PO BOX 7000
SOUTHEASTERN, PA 19398
(678)924-4900 FAX (678)924-4901

16.1131

THIS IS A REQUEST FOR A REPORT

TO THE
ORDER
OF

METRA POLICE DEPT
FOIA
547 WEST JACKSON BLVD
CHICAGO, IL 60661

DATE

6/7/16

AMOUNT

VOID VOID

AUTHORIZED SIGNATURE

6/7/16

TRAN:

REPORT REQUEST



PLEASE CHECK A
CIRCLE BELOW

PO BOX 7000
SOUTHEASTERN, PA 19398
(678)924-4900 FAX (678)924-4901

☐ Report Attached:

Report Cost: \$

Number of Pages:
(including this sheet)



1/800-934-9698 press 3

TOLL FREE FAX: 1/800-934-6449

- ☐ No Report Found with the information provided
- ☐ No Report Written - Log entry only / Driver Exchange of Info.
- ☐ Loss location not in our Jurisdiction
Suggest You Try: _____
- ☐ Not Releasable / Not Ready _____
- ☐ Comments & Suggestions: _____

Report/Case

16-00019155

Type of Report Auto Accident

Date of Occurrence 5/31/16 Time _____

Precinct or District _____

LOCATION OF LOSS

TRAIN TRACKS AT EUCLID & WOLF

City MOUNT PROSPECT County COOK State IL

Additional Information _____

VEHICLE INFO

DRIVERS or VICTIMS INFO

Car Tag # _____ State IL Insured Party _____

Make FORD Year 2008 D.O.B. _____ SS# _____

VIN 1FTNE24W88DA57438 Drivers Lic # _____ State IL

POLICE or FIRE AGENCY who wrote report?

METRA PD

Driver #2 _____

Driver #3 _____

Client
Division

ZN2

Claim #

Internal Code _____ 16-00019155

16.1131

Claims Adjuster

Page 1 of 1

TRAN:

Police Dept.: Please Return This Form With Your Response... Thanks

(Rev. 9/09)